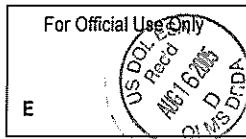


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>18163</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2004</b> Through: <b>12</b> / <b>31</b> / <b>2004</b>
3. Name and address of person filing. Name <b>ERIC</b> <b>BOYCE</b> P.O. Box, Bldg., Room No., if any Street <b>468 Lafayette Drive</b> City <b>Bricktown</b> State <b>NJ</b> ZIP Code + 4 <b>08723</b>	4. Name, file number, and address of labor organization. Name <b>UA PLUMBERS LOCAL 14</b> Labor Organization File Number <b>055880</b> P.O. Box, Building and Room Number, if any Street <b>150 Main Street</b> City <b>Lodi</b> State <b>NJ</b> ZIP Code + 4 <b>07644</b>
5. Position in labor organization. <b>BUSINESS MANAGER</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u><i>Eric Boyce</i></u>	On <u>8/11/05</u> Date	<u>973-473-5544</u> Telephone Number

Name of Person Filing <div style="text-align: center; font-weight: bold;">ERIC BOYCE</div>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <b>PLUMBERS LOCAL 14 WELFARE FUND</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>150 Main Street</b> City <b>Lodi</b> State <b>NJ</b> ZIP Code + 4 <b>07644</b>	9. Business deals with:  <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <b>Provides Health Insurance to Members of Plumbers Local 14, who I represent as Business Manager.</b> </div> 11.b. Approximate dollar value of such dealing. <b>\$470.55</b>  12.a. Nature of interest held or income received.  <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <b>Expenses for 5/2/04 to 5/5/04 Attendance at a Health &amp; Welfare Trust Fund seminar.</b> </div> 12.b. Amount. <b>\$470.55</b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.									
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name <b>Mechanical Contractors Association NJ</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any <b>PO Box 390</b>  Street <b>211 Mountain Avenue</b> City <b>Springfield</b> State <b>NJ</b> ZIP Code + 4 <b>07081</b>	14.a. Nature of payment.  <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <b>Attended Industry reception at National MCAA Convention on 3/2/04 with wife and son.</b>   <table style="width: 100%;"> <tr> <td><b>Cost of Dinner</b></td> <td></td> </tr> <tr> <td><b>Eric Boyce</b></td> <td style="text-align: right;"><b>\$76.80</b></td> </tr> <tr> <td><b>wife Daria Boyce</b></td> <td style="text-align: right;"><b>\$76.80</b></td> </tr> <tr> <td><b>son Jake Boyce</b></td> <td style="text-align: right;"><b>\$20.48</b></td> </tr> </table> </div>	<b>Cost of Dinner</b>		<b>Eric Boyce</b>	<b>\$76.80</b>	<b>wife Daria Boyce</b>	<b>\$76.80</b>	<b>son Jake Boyce</b>	<b>\$20.48</b>
<b>Cost of Dinner</b>									
<b>Eric Boyce</b>	<b>\$76.80</b>								
<b>wife Daria Boyce</b>	<b>\$76.80</b>								
<b>son Jake Boyce</b>	<b>\$20.48</b>								
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment. <b>\$174.08</b>								

Name of Person Filing	<b>ERIC BOYCE</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>PLUMBERS LOCAL 14 WELFARE FUND</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>150 Main Street</b></p> <p>City <b>Lodi</b></p> <p>State <b>NJ</b> ZIP Code + 4 <b>07644</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><b>Provides Health Insurance to Members of Plumbers Local 14. who I represent as Business Manager,</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$430.76</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>Registration fee and expenses for attending UA &amp; MCA sponsored Trust Fund Education seminar from 4/15/04 to 4/17/04.</b></p> <p>12.b. Amount. <b>\$430.76</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>ERIC BOYCE</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <b>PLUMBERS LOCAL 14 PENSION FUND</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>150 Main Street</b> City <b>Lodi</b> State <b>NJ</b> ZIP Code + 4 <b>07644</b>	9. Business deals with:  <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  <div style="border: 1px solid black; padding: 10px; text-align: center;"> <b>Provides Pensions to Members of Plumbers Local 14, who I represent as Business Manager.</b> </div> 11.b. Approximate dollar value of such dealing. <b>\$430.76</b>  12.a. Nature of interest held or income received.  <div style="border: 1px solid black; padding: 10px; text-align: center;"> <b>Registration and expenses for attending UA &amp; MCA sponsored Trust Fund seminar from 4/15/04 to 4/17/04.</b> </div> 12.b. Amount. <b>\$430.76</b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.  <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing <b>ERIC BOYCE</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <b>PLUMBERS LOCAL 14 EDUCATION FUND</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>150 Main Street</b>  City <b>Lodi</b>  State <b>NJ</b> ZIP Code + 4 <b>07644</b>	9. Business deals with:  <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  <div style="border: 1px solid black; padding: 10px; margin: 5px;"> <b>Provides Education and Training to Members of Plumbers of Local 14, who I represent as Business Manager.</b> </div> 11.b. Approximate dollar value of such dealing. <b>\$352.92</b>  12.a. Nature of interest held or income received.  <div style="border: 1px solid black; padding: 10px; margin: 5px;"> <b>Expenses for attending United Association Training program and graduation ceremony. 8/11/04 to 8/13/04</b> </div> 12.b. Amount. <b>\$352.92</b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.z. Nature of payment.  <div style="border: 1px solid black; height: 150px; margin: 5px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing	<b>ERIC BOYCE</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>PLUMBERS LOCAL 14 EDUCATION FUND</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>150 Main Street</b></p> <p>City <b>Lodi</b></p> <p>State <b>NJ</b> ZIP Code + 4 <b>07644</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><b>Provides Education and Training to Members of Plumbers Local 14 who I represent as Business Manager.</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$50.00</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>Reimbursement for providing 6 contractors and Business Agents lunch during Apprentice interviews on 7/13/04.</b></p> <p>12.b. Amount. <b>\$50.00</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>ERIC BOYCE</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <input style="width: 90%;" type="text"/>  Trade Name, if any: <input style="width: 90%;" type="text"/>  P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/>  Street <input style="width: 90%;" type="text"/>  City <input style="width: 90%;" type="text"/>  State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	9. Business deals with:  <input type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name <input style="width: 90%;" type="text"/>  Trade Name, if any: <input style="width: 90%;" type="text"/>  P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/>  Street <input style="width: 90%;" type="text"/>  City <input style="width: 90%;" type="text"/>  State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/>
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	12.b. Amount. <input style="width: 100%;" type="text"/>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name <b>MECHANICAL CONTRACTORS ASSOCIATION NJ</b>  Trade Name, if any: <input style="width: 90%;" type="text"/>  P.O. Box, Bldg., Room No., if any <b>PO Box 390</b>  Street <b>211 Mountain Avenue</b>  City <b>Springfield</b>  State <b>NJ</b> ZIP Code + 4 <b>07081</b>	14.a. Nature of payment.  <div style="border: 1px solid black; padding: 10px;"> <p><b>Attended annual MCICNJ dinner on 7/7/04 with wife.</b></p> <p><b>Cost of dinner</b></p> <p><b>Eric Boyce                      \$84.88</b></p> <p><b>wife Daria Boyce       \$84.88</b></p> </div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment. <b>\$169.76</b>

Name of Person Filing <b>ERIC BOYCE</b>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 150px;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>12.b. Amount. <input style="width: 150px;" type="text"/></p>
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**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 90%;" type="text" value="AMALGAMATED BANK"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text" value="11-15 Union Square"/></p> <p>City <input style="width: 90%;" type="text" value="New York"/></p> <p>State <input style="width: 20%;" type="text" value="NY"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="10003"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 20px; text-align: center;"> <p><b>A Blanket for opening an account.</b></p> </div>
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<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <span style="float: right; border: 1px solid black; padding: 2px 10px;"><b>\$38.22</b></span></p>
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